

PART B - FEE(S) TRANSMITTAL

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SEP 25 2006

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21005 7590 06/28/2006

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
530 VIRGINIA ROAD
P.O. BOX 9133
CONCORD, MA 01742-9133
09/26/2006 WASFAM2 00000029 09909863

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 45.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/909,863	07/20/2001	Paul E. Drescens	0100.2016-000	8766

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Carol M. Bowerman (Depositor's name)
Carol M. Bowerman (Signature)
9-21-06 (Date)

TITLE OF INVENTION: HELIUM MANAGEMENT CONTROL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JIANG, CHEN WEN	3744	062-149000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Hamilton, Brook, Smith & Reynolds, P.C.</u> 2 _____ 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Brooks Automation, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chelmsford, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 15

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by check EX-1000, or credit any overpayment, to
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 9/21/06

Typed or printed name F. James Coe

Registration No. 46,630

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